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| Fill in this in | formation to ide | entify your case: | | |
|---------------------------------|---------------------|-------------------------------|-------------|----------------------------------------------------------------------------|
| Debtor 1 | Deborah Ren | ee Brown | | |
| Dobtor 1 | First Name | Middle Name | Last Name | Check if this is: |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | — ✓ An amended filing |
| United States I | Bankruptcy Court fo | or the: Eastern District of P | ennsylvania | A supplement showing postpetition chapt expenses as of the following date: |
| Case number (If known) | 15-14440-ar | nc | | MM / DD / YYYY |
| | | | | |

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| | Part 1: Descr | ribe Your Hous | sehold | | | |
|----|-----------------------------------------------------|--------------------|---------------------------------------------------|---------------------------------|-------------|---------------------|
| 1. | Is this a joint case | e? | | | | |
| | ✓ No. Go to line ✓ Yes. Does Deb | | eparate household? | | | |
| | ☐ No ☐ Yes. □ | Debtor 2 must file | Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| 2. | Do you have depe | endents? | ☑ No | Dependent's relationship to | Dependent's | Does dependent live |
| | Do not list Debtor 1 Debtor 2. | 1 and | Yes. Fill out this information for each dependent | Debtor 1 or Debtor 2 | age | with you? |
| | Do not state the de names. | ependents' | cach dependent | | | ☐ No ☐ Yes |
| | | | | | | □ No □ Yes |
| | | | | | | ☐ No ☐ Yes |
| | | | | | | ☐ No ☐ Yes |
| | | | | | | ☐ No ☐ Yes |
| 3. | Do your expenses expenses of peop yourself and your | ole other than | ☑ No ☐ Yes | | | |
| Ρ | art 2: Estimat | e Your Ongoir | ng Monthly Expenses | | | |

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of Your expenses such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and 2,186.00 any rent for the ground or lot. If not included in line 4: 0.00 Real estate taxes 200.00 Property, homeowner's, or renter's insurance 4b. 75.00 Home maintenance, repair, and upkeep expenses 4c. 0.00 Homeowner's association or condominium dues 4d

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Debtor 1

Deborah Renee Brown

First Name Middle Name Last Name

Case number (if known) 15-14440-amc

| | You | r expenses | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|--|--|--|--|--|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | 0.00 | | | | | |
| 6. Utilities: | | | | | | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 200.00 | | | | | |
| 6b. Water, sewer, garbage collection | 6b. \$ | 155.00 | | | | | |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 150.00 | | | | | |
| 6d. Other. Specify: | 6d. \$ | 0.00 | | | | | |
| Food and housekeeping supplies | 7. \$ | 300.00 | | | | | |
| Childcare and children's education costs | 8. \$ | 0.00 | | | | | |
| Clothing, laundry, and dry cleaning | 9. \$ | 50.00 | | | | | |
| Personal care products and services | 10. \$ | 0.00 | | | | | |
| Medical and dental expenses | 11. \$ | 75.00 | | | | | |
| Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | 205.00 | | | | | |
| Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 | | | | | |
| Charitable contributions and religious donations | 13. | 90.00 | | | | | |
| 5. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | 1 1 . Ψ | | | | | | |
| 15a. Life insurance | 15a. \$ | 0.00 | | | | | |
| 15b. Health insurance | 15b. \$ | 0.00 | | | | | |
| 15c. Vehicle insurance | 15c. \$ | 133.00 | | | | | |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 | | | | | |
| Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. \$ | 0.00 | | | | | |
| . Installment or lease payments: | | | | | | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 | | | | | |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 | | | | | |
| 17c. Other. Specify: | 17c. \$ | 0.00 | | | | | |
| 17d. Other. Specify: | | 0.00 | | | | | |
| Your payments of alimony, maintenance, and support that you did not report as dedu your pay on line 5, Schedule I, Your Income (Official Form 106I). | ucted from | 0.00 | | | | | |
| 9. Other payments you make to support others who do not live with you. | | | | | | | |
| Specify: | 19. \$ | 0.00 | | | | | |
| Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | | | | | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 | | | | | |
| 20b. Real estate taxes | 20b. \$ | 0.00 | | | | | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 | | | | | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 | | | | | |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 | | | | | |

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15-14440-amc Case number (if known Debtor 1 First Name Middle Name Last Name 0.00 Other. Specify: Calculate your monthly expenses. 3,819.00 22a. Add lines 4 through 21. 22a. 0.00 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 22b. 3,819.00 22c. Add line 22a and 22b. The result is your monthly expenses. 22c. 23. Calculate your monthly net income. 5,391.25 Copy line 12 (your combined monthly income) from Schedule I. 23a 3,819.00 23b. Copy your monthly expenses from line 22c above. 23b 23c. Subtract your monthly expenses from your monthly income. 1,572.25 The result is your monthly net income. 23c 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? ☑ No. ☐ Yes. Explain here: None